

FILED 23 JAN 25 10:30 USD-ORP

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

Portland DIVISION

Zachary A Bowl
(Enter full name of plaintiff)

Plaintiff,

v.

Civil Case No. 6:25-cv-125 JR
(to be assigned by Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL
RIGHTS (PRISONER COMPLAINT)

Oregon State Prison

Jury Trial Demanded

Psychiatric Security Review Board ☐ Yes ☐ No

Oregon Health Authority
(Enter full name of ALL defendant(s))

Defendant(s).

I. PARTIES

List your name, address, and telephone number below, and the same information for each defendant. Make sure that the defendant(s) listed below are identical to those contained in the caption of the complaint. Attach additional sheets of paper if necessary.

Plaintiff

Name: Zachary Bowl

Street Address: 7600 NE Center St

City, State & Zip Code: Salem, OR, 97301

Telephone No.: NA

Defendant No. 1

Name: Oregon State Hospital
Street Address: 2800 NE Center Street
City, State & Zip Code: Salem, OR 97301
Telephone No.: 503-445-2800

Defendant No. 2

Name: SPYCHOTRIC SECURITY REVIEW BOARD
Street Address: 6400, S.E. LAKE RD, Suite 375
City, State & Zip Code: PORTLAND, OR 97222
Telephone No.: 503 229-5506

Defendant No. 3

Name: Oregon Health Division
Street Address: 500, SUMMIT ST. NE SEITE
City, State & Zip Code: SALEM, OR 97301
Telephone No.: 503-490-7200

Defendant No. 4

Name: Sarah Walker
Street Address: N/A
City, State & Zip Code: N/A
Telephone No.: 503-945-8067

II. BASIS FOR JURISDICTION

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. You are bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. What federal constitutional, statutory, or treaty right(s) is/are at issue?

Violates my 8th and 14th Constitutional Rights.

III. STATEMENT OF CLAIMS

Claim I

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

The OSH is denying me the right to have medical treatment being done to the fact that a supportive wrist band for my broken wrist is considered in there only "conformant" I believe this is medical malpractice due to the fact they want give me a proper brist in order to mend and heal my broken bone

Claim II

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

~~OREN~~ Prisoner's Security Review Board are refusing to allow proper medical equipment to the mentally ill -

Patients incarcerated in OSW out of high-
understanding of mental illness

Claim III

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

The Oregon Health authority is allowing medical mal practice in OSW with the idea that "all mentally ill people are dangerous". This states that we are not allowed to have proper medical treatment because they believe that we will take any opportunity to use a normal item used to mend broken bones as a weapon.

(If you have additional claims, describe them on another piece of paper, using the same outline.)

IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

I have filed for administrative relief as to all claims in Section III and have concluded all administrative appeals available to me.

☒ Yes

☐ No

V. RELIEF

State briefly exactly what you want the court to do for you and the amount, if any, of monetary compensation you are seeking. Make no legal arguments. Cite no cases or statutes.

PROPER MEDICAL CARE TO BE ADMINISTERED
AND ANY COMPENSATORY OR PUNITIVE
DAMAGES THE COURT MAY ALLOW

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ~~thurs~~ day of January, 2025.

(Signature of Plaintiff)